

Medicare ID Number

In order to correctly process your Medicare crossover claims and reduce the likelihood of misdirected reimbursement checks, the following information must be on file with AHCCCS:

- ✓ Your Medicare Provider ID Number (NOTE: Please provide your *individual* Medicare Provider ID Number, *not* a group ID number).
- ✓ Medicare coverage (Part A and/or Part B)
- ✓ The name of your Part A Intermediary and/or your Part B Carrier (e.g., BC/BS of AZ, BC/BS of ND, BC/BS of TX)
- ✓ Begin date and end date (if applicable).

If you have any questions about submitting this information, please contact the Provider Registration Unit at (602) 417-7670 (Option 5). If you have questions related to how your Medicare claim is processed, contact the Claims Customer Service Unit at (602) 417-7670 (Option 4).

Medicare Provider ID Number	Medicare Coverage (Part A and/or B)	Name of Part A Intermediary (if applicable)	Name of Part B Carrier (if applicable)	Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

Provider Signature

AHCCCS Provider ID Number

Provider Name (Please type or print only)

Date

Mail this form to: AHCCCS Provider Registration Unit
MD 8100
701 East Jefferson Street
Phoenix, AZ 85034

or

Fax this form to: AHCCCS Provider Registration Unit
(602) 256-1474